



VOLUNTARY HOME RETROFIT PERMIT APPLICATION

THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Property Address: _____

Project Description: SEISMIC RETROFIT FOR PROJECT IMPACT

Building ID # _____ GIS Map # _____ Zoning: _____

ECA/ESA _____ ECA Category # _____ Shoreline _____ Historical _____ Greenbelt _____

DCLU Value: _____ Alteration \$ _____

basement _____ Yes _____ No

crawlspace _____ Yes _____ No

Receipt Number: _____

Project Number: _____

PERMIT COST

Permit Specialist (initials) _____ Date: _____

Construction \$ _____

Address Established (initials and okay) _____

Bldg Surcharge \$ _____

Establish Address Form Completed on _____ (date)

TOTAL \$ _____

THIS SECTION TO BE FILLED IN BY APPLICANT:

Legal Description (if available) (if legal is too long, attach it to this form): _____

Owner/Lessee _____ Assessor's Parcel Number _____

Contact Person _____ Phone _____

Mailing Address _____ City _____ Zip _____

Relocation Exempt: ☐ Owner Occupied ☐ No Residential Tenant Displacement

I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT.

Applicant's Signature: _____ Date: _____

Applicant's Name (PLEASE PRINT): _____

Relationship to Project (CIRCLE ONE):

Owner Lessee Licensed Architect Licensed Engineer Owner's Agent Contractor

Agent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: _____

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name _____ License # _____ Exp. Date: _____